

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 17 1941

791

Primary Registration District No. 1003

FILED SEP 17 1941

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
901 Victor St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME Edna Johnson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edgar Johnson 6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased March 22, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 4 12 hr. min.

9. Birthplace Wise Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Thomas Weedan  
13. Birthplace Don't Know (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth White  
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Edgar R. Johnson

(b) Address 901 Victor St.

17. (a) Burial (b) Date thereof Aug. 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Weick Brs.

(b) Address 2201 S. Grand Bl.

19. AUG 9 1941 (Date received local registrar) (b) J. J. Fredrick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 23  
(d) Street No. 901 Victor St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) ?  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1941 to Aug 7, 1941  
that I last saw him alive on Aug 7 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 2 days  
by extension

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence  
(c) Where did injury occur (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature J. J. Fredrick (M. D. or other) Address 2201 S. Grand Bl. Signed 8/10/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**